 □ SUBDIVISION □ SPECIAL EXCEPTION □ ZONING BOARD OF APPEALS □ SITE PLAN REVIEW 	S FILE #	22021-2	e :
lease fill out this application in pen only so we will know who you are, what you are applying to do, and ow to contact you. With this basic information we will evaluate your project as it relates to City egulations as quickly as possible. Thank you for your cooperation.			
GENERAL INFORMATION ABOUT TH Applicant: Cty of Middleton Address: Aus Dekage Or in City Email: Agent: PCO Staff Address: City Email:	middletown	Date 2 8 202 \ Phone #() State Zip 06457 Cell Phone #() State Zip Cell Phone #()	
WHAT ARE YOU APPLYING TO DO? (CHECK ONE OR MORE) () Add an addition to a single/two family dwelling to be used for () Construct a single family dwelling (A-2 survey required) () Add an addition to a multi-family or non-residential building to be used for (A-2 survey required) () Convert an existing building from present use as to a new use as () Construct one or more new buildings to be used for (A-2 survey required)			
() Subdivide land into building lots (A-2 survey required) () Change the text of the Zoning Code or amend the Zoning Map () Install a sign () Start a Residential Unit Business Pursuit () Application for Zoning Board of Appeals () Extract Natural Resources like sand or gravel or fill an area () Request for a G.S. 14-54 Location Approval (gen. repairer, used car or new car dealer) () Other Readerness of Middletrum Zoning Map			
ACTS ABOUT LAND PROPOSED FOR USE andowner: Location:			
Name of Subdivision (if any):			
Zone Tax ID# Tax Assessor's Map Lot Is this project within 500' of a Municipal Boundary? Yes No Is this project located in a FEMA 100 or 500 year flood plain? Yes No Utilities Available: City Water (); Private Well (); City Sewer (); Private Septic ()			
DESIGN REVIEW BOARD STAFF*	8 <u></u>	OF APPLICANT/AGENT**	C
DATE OF REVIEW/APPROVAL	SIGNATURE (OF OWNER**	
() PERMIT NOT REQUIRED () ADMINISTRATIVE APPROVAL () IWWA REVIEW REQUESTED () IWWA PERMIT REQUIRED () IWWA PERMIT RE			A N
Meets Zoning Requirements	required for all desig	sign Review Board Staff is ons for exterior rehabilitation in the business zones.	S
ZONING ENFORCEMENT OFFICER DATE OF APPROVED PLANS	Received \$	by check "	

